

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	0
4	0
5	✓
6	✓
7	0
8	0
9	✓
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11	0
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13	0
14	0
15	✓
16	0
17	✓
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20	0
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22	✓
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25	✓
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27	0
28	0
29	✓
30	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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